

**Opening Statement of the Honorable Fred Upton**  
**Subcommittee on Oversight and Investigations**  
**Hearing on “Medicare Program Integrity: Screening Out Errors, Fraud, and Abuse”**  
**June 25, 2014**

*(As Prepared for Delivery)*

I share my colleagues' frustration on this issue. It was 24 years ago when the Government Accountability Office first announced the Medicare program was a high risk for fraud and abuse. The program's financial sustainability has also been under threat for years. This committee has routinely conducted oversight of the Medicare program in an effort to eliminate waste, fraud, and abuse. Our goal is to save taxpayer dollars and strengthen the program. While rooting out waste, fraud, and abuse cannot alone keep the promise of Medicare, it is an important step that has the potential to benefit both seniors and taxpayers.

To our witnesses here today, we have a simple question: How can the government continue losing tens of billions of taxpayer dollars every year?

For years, the Department of Health and Human Services has relied on a pay and chase model to recover Medicare losses, learning far too late that fraudsters routinely tricked the federal government into paying them. But today there are some predictive methods that can help the government detect the fraud before the payments go out the door. I hope that today's witnesses will do more to make these tools work. We should not pay potential fraudsters a dime, let alone the billions we actually do. All taxpayers, and those relying on the Medicare program, deserve better.

To our witnesses here today: thank you for being here. I realize that bad actors will always be present. But we need to do better. I hope that today we can have a productive discussion about how we can finally move to a fraud-free Medicare system.

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